

# **Illinois Sexual Assault Survivors Emergency Treatment Act and Rules & Regulations**

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AND  
RULES AND REGULATIONS  
EFFECTIVE DECEMBER 1, 1988

Title 77: Public Health

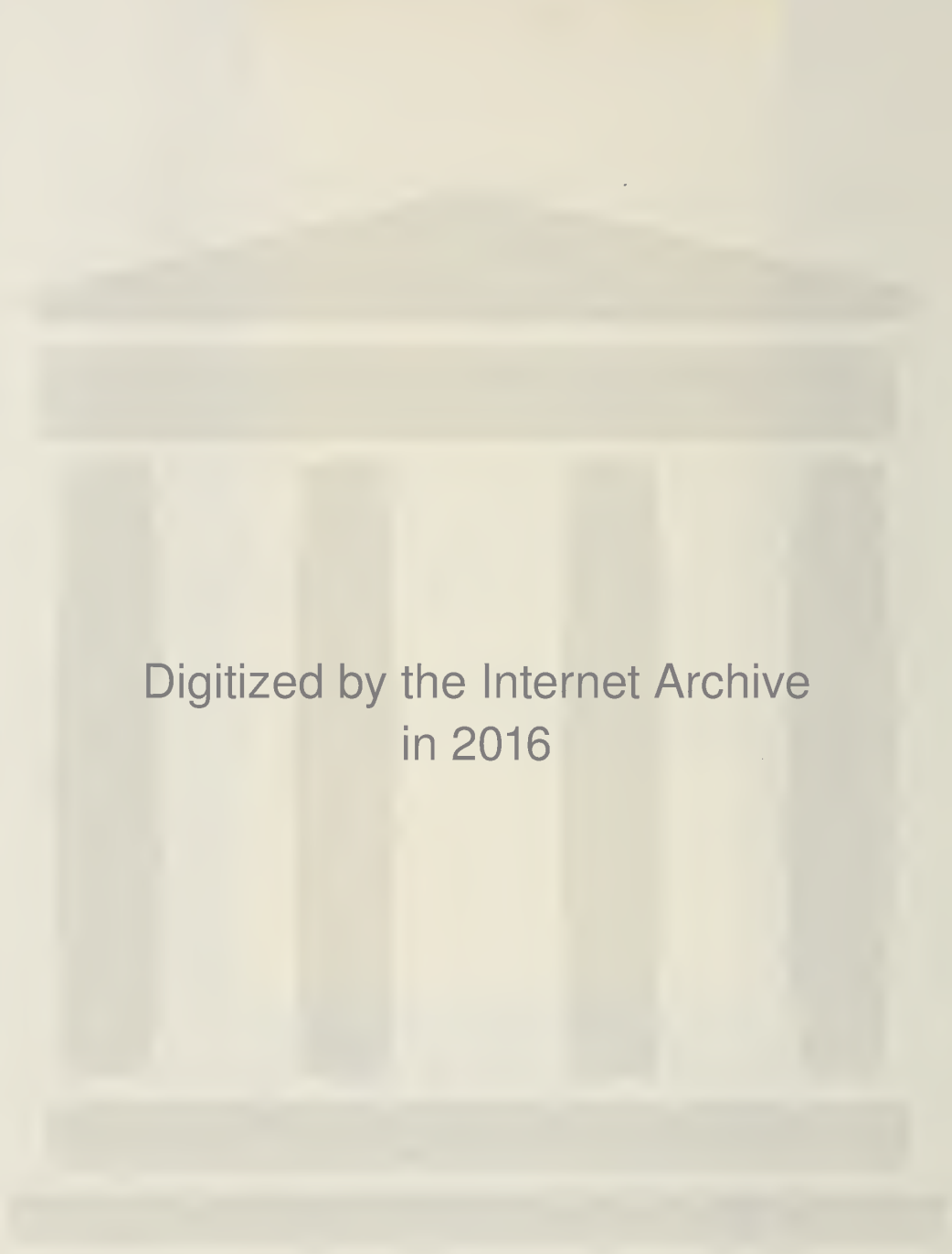
Chapter I: Department of Public Health

Subchapter f: Emergency Services and Highway Safety

PART 545  
THE TREATMENT OF SEXUAL ASSAULT SURVIVORS

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## CHAPTER 111½ — PUBLIC HEALTH AND SAFETY

### SEXUAL ASSAULT SURVIVORS EMERGENCY TREATMENT ACT

AN ACT requiring hospitals to render emergency hospital service to sexual assault survivors who request treatment and providing for reimbursement of billed charges by the State in certain cases. P.A. 79-564, approved Aug. 26, 1975, eff. Jan. 1, 1976. Title amended by P.A. 85-577, § 2 approved and eff. Sept. 18, 1987.

#### 87-1. Short title

§ 1. Short Title. This Act shall be known and may be cited as the "Sexual Assault Survivors Emergency Treatment Act".

Amended by P.A. 85-577, § 1, eff. Sept. 18, 1987.

#### 87-1a. Definition

§ 1a. Sexual assault means an act of forced sexual penetration or sexual conduct, as defined in Section 12-12 of the Criminal Code,<sup>1</sup> including acts prohibited under Sections 12-13 through 12-16 of the Criminal Code of 1961, as amended.<sup>2</sup>

Amended by P.A. 85-577, § 1, eff. Sept. 18, 1987.

<sup>1</sup> Chapter 38, § 12-12.

<sup>2</sup> Chapter 38, §§ 12-13 to 12-16.

#### 87-2. Hospitals to furnish emergency service

§ 2. Hospitals to furnish emergency service. Every hospital required to be licensed by the Department of Public Health pursuant to the Hospital Licensing Act, approved July 1, 1953, as now or hereafter amended,<sup>1</sup> which provides general medical and surgical hospital services shall provide emergency hospital service, in accordance with rules and regulations adopted by the Department of Public Health, to all alleged sexual assault survivors who apply for such hospital emergency services in relation to injuries or trauma resulting from the sexual assault.

In addition every such hospital, regardless of whether or not a request is made for reimbursement, except hospitals participating in community or area wide plans in compliance with Section 4 of this Act,<sup>2</sup> shall submit to the Department of Public Health a plan to provide hospital emergency services to alleged sexual assault survivors which shall be made available by such hospital. Such plan shall be submitted within 60 days of receipt of the Department's request for this plan, to the Department of Public Health for approval prior to such plan becoming effective. The Department of Public Health shall approve such plan for emergency service to alleged sexual assault survivors if it finds that the implementation of the proposed plan would provide adequate hospital emergency service for alleged sexual assault survivors.

The Department shall periodically conduct on site reviews of such approved plans with hospital personnel to insure that the established procedures are being followed.

Amended by P.A. 85-577, § 1, eff. Sept. 18, 1987.

<sup>1</sup> Paragraph 142 et seq. of this chapter.

<sup>2</sup> Paragraph 87-4 of this chapter.

#### 87-2.1. Plans of correction—Penalties for failure to implement such plans

§ 2.1. Plans of correction—Penalties for failure to implement such plans. If the Department surveyor determines that the hospital is not in compliance with its approved plan, the surveyor shall provide the hospital with a written list of the specific items of noncompliance within 2 weeks of the conclusion of the on site review. The hospital shall have 14 working days to submit to the Department a plan of correction which contains the hospital's specific proposals for correcting the items of noncompliance. The Department shall review the plan of correction and notify the hospital in writing as to whether the plan is acceptable or nonacceptable.

If the Department finds the Plan of Correction nonacceptable, the hospital shall have 7 working days to resubmit an acceptable Plan of Correction. Upon notification that its Plan of Correction is acceptable, a hospital shall implement the Plan of Correction within 60 days.

The failure to submit an acceptable Plan of Correction or to implement the Plan of Correction, within the time

frames required in this Section, will subject a hospital to the imposition of a fine by the Department. The Department may impose a fine of up to \$100.00 per day until a hospital complies with the requirements of this Section.

Before imposing a fine pursuant to this Section, the Department shall provide the hospital via certified mail with written notice and an opportunity for an administrative hearing. Such hearing must be requested within 10 working days of receipt of the Department's Notice. All hearings shall be conducted in accordance with the Department's rules in administrative hearings.

Added by P.A. 85-577, § 1, eff. Sept. 18, 1987.

#### 87-3. Community or areawide plan for emergency services to sexual assault survivors

§ 3. Community or areawide plan for emergency services to sexual assault survivors. A hospital is authorized to participate, in conjunction with one or more other hospitals or health care facilities, in a community or areawide plan for the furnishing of hospital emergency service to alleged sexual assault survivors on a community or areawide basis provided each hospital participating in such a plan shall furnish such hospital emergency services as it is designated to provide in the plan agreed upon by the participating hospitals to any alleged sexual assault survivor who applies for such hospital emergency services in relation to injuries or trauma resulting from the sexual assault.

Amended by P.A. 85-577, § 1, eff. Sept. 18, 1987.

#### 87-4. Community or areawide plans—Submission to Department

§ 4. Community or area wide plans — Submission to department. Community or areawide plans may be developed by the hospitals or other health care facilities in the community or area to be served, and shall provide for the hospital emergency services to alleged sexual assault survivors which shall be made available by each of the participating hospitals. All such plans shall be submitted to the



Department of Public Health for approval prior to such plan becoming effective. The Department of Public Health shall approve such plan for community or areawide hospital emergency service to alleged sexual assault survivors if it finds that the implementation of the proposed plan would provide an adequate hospital emergency service for the people of the community or area to be served. Amended by P.A. 85-577, § 1, eff. Sept. 18, 1987.

#### **87-5. Minimum requirements for hospitals providing emergency service to sexual assault survivors**

§ 5. Minimum requirements for hospitals providing emergency service to sexual assault survivors. (a) Every hospital providing emergency hospital services to an alleged sexual assault survivor under this Act shall, as minimum requirements for such services, provide, with the consent of the alleged sexual assault survivor, and as ordered by the attending physician, the following:

(1) appropriate medical examinations and laboratory tests required to ensure the health, safety, and welfare of an alleged sexual assault survivor or which may be used as evidence in a criminal proceeding against a person accused of the sexual assault, or both; and records of the results of such examinations and tests shall be maintained by the hospital and made available to law enforcement officials upon the request of the alleged sexual assault survivor;

(2) appropriate oral and written information concerning the possibility of infection, sexually transmitted disease and pregnancy resulting from sexual assault;

(3) appropriate oral and written information concerning accepted medical procedures, medication, and possible contraindications of such medication available for the prevention or treatment of infection or disease resulting from sexual assault;

(4) such medication as deemed appropriate by the attending physician;

(5) a blood test to determine the presence or absence of sexually transmitted disease;

(6) written and oral instructions indicating the need for a second blood test 6 weeks after the sexual assault to determine the presence or absence of sexually transmitted disease; and

(7) appropriate counseling as determined by the hospital, by trained personnel designated by the hospital.

(b) Any minor who is an alleged survivor of sexual assault who seeks emergency services under this Act shall be provided such services without the consent of the parent, guardian or custodian of the minor. Only the minor's parent or legal guardian can sign for release of evidence and information concerning the alleged sexual assault.

Amended by P.A. 85-577, § 1, eff. Sept. 18, 1987.

#### **87-6. Powers and duties of Department of Public Health**

§ 6. Powers and duties of Department of Public Health. The Department of Public Health shall have the duties and responsibilities required by Section 2 and Sections 6.1 through 6.4.<sup>1</sup>

Amended by P.A. 85-577, § 1, eff. Sept. 18, 1987.

<sup>1</sup> Paragraph 87-2 and §§ 87-6.1 to 87-6.4 of this chapter.

##### **87-6.1. Implementation of Act**

§ 6.1. To prescribe minimum standards, rules and regulations pursuant to the Illinois Hospital Licensing Act approved July 1, 1953, as now or hereafter amended,<sup>1</sup> necessary to implement this Act, which shall apply to

every hospital required to be licensed by the Department of Public Health. Such standards shall include, but not be limited to, a uniform system for recording results of medical examinations and all diagnostic tests performed in connection therewith to determine the condition and necessary treatment of alleged sexual assault survivors, which results shall be preserved in a confidential manner as part of the hospital record of the patient.

Amended by P.A. 85-577, § 1, eff. Sept. 18, 1987.

<sup>1</sup> Paragraph 142 et seq. of this chapter.

##### **87-6.2. Emergency services—Development and operation of programs**

§ 6.2. To assist in the development and operation of programs which provide emergency services to alleged sexual assault survivors, and, where necessary, to provide grants to hospitals for this purpose.

Amended by P.A. 85-577, § 1, eff. Sept. 18, 1987.

##### **87-6.3. Reimbursement of billed charges**

§ 6.3. To establish standards, rules and regulations, for the reimbursement to hospitals and ambulance providers of billed charges of providing services to alleged sexual assault survivors, pursuant to Section 7 of this Act.<sup>1</sup>

Amended by P.A. 85-577, § 1, eff. Sept. 18, 1987.

<sup>1</sup> Paragraph 87-7 of this chapter.

##### **87-6.4. Sexual assault evidence collection program**

§ 6.4. Sexual assault evidence collection program. (a) There is created a statewide sexual assault evidence collection program to facilitate the prosecution of persons accused of sexual assault. Such program shall be administered by the Department of State Police, except that in municipalities of 1,000,000 or more inhabitants the program shall be administered by the municipality. The program shall consist of the following: (1) Distribution of sexual assault evidence collection kits which have been approved by the Department of State Police to hospitals which request them, or arranging for such distribution by the manufacturer of the kits, (2) collection of the kits from the hospitals after such kits have been used to collect evidence, (3) analysis of the collected evidence and conducting of laboratory tests, and (4) maintaining the chain of custody and safekeeping of the evidence for use in a legal proceeding. The standardized evidence collection kit to be used in the City of Chicago shall continue to be the Chicago version of the Vitullo Kit. The standardized evidence collection kit for all other parts of this State shall be the Illinois Department of State Police Evidence Collection kit also known as "I.D.S.P.E.C.K.". A sexual assault evidence collection kit may not be released by a hospital without the written consent of the sexual assault survivor or, in the case of a minor, the written consent of the minor's parent or legal guardian.

(b) The Department of State Police and municipalities of 1,000,000 or more inhabitants shall administer a program to train hospitals and hospital personnel participating in the sexual assault evidence collection program, in the correct use and application of the sexual assault evidence collection kits. The Department of Public Health shall cooperate with the Department of State Police and such municipalities in this program as it pertains to medical aspects of the evidence collection.

Amended by P.A. 84-1308, Art. II, § 137, eff. Aug. 25, 1986; P.A. 85-577, § 1, eff. Sept. 18, 1987.

Article II of P.A. 84-1308, the First 84th General Assembly Combining Revisory Act, resolved multiple actions in the 84th General Assembly and made certain technical corrections



#### **87-7. Hospital charges and reimbursement**

§ 7. Hospital charges and reimbursement. When any hospital or ambulance provider furnishes emergency services to any alleged sexual assault survivor, as defined by the Department of Public Health pursuant to Section 6.3 of this Act,<sup>1</sup> who is neither eligible to receive such services under The Illinois Public Aid Code<sup>2</sup> nor covered as to such services by a policy of insurance, the hospital and ambulance provider shall furnish such services to that person without charge and shall be entitled to be reimbursed for its billed charges in providing such services by the Department of Public Health.

Amended by P.A. 85-577, § 1, eff. Sept. 18, 1987.

<sup>1</sup> Paragraph 87-6.3 of this chapter.

<sup>2</sup> Chapter 23, ¶ 1-1 et seq

#### **87-8. Penalties**

§ 8. Penalties. Any hospital violating any provisions of this Act shall be guilty of a petty offense for each violation, and any fine imposed shall be paid into the general corporate funds of the city, incorporated town or village in which the hospital is located, or of the county, in case such hospital is outside the limits of any incorporated municipality.

#### **87-9. Abortion services not required by Act**

§ 9. Nothing in this Act shall be construed to require a hospital to provide any services which relate to an abortion.



TITLE 77: PUBLIC HEALTH  
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH  
SUBCHAPTER f: EMERGENCY SERVICES AND HIGHWAY SAFETY

PART 545  
SEXUAL ASSAULT SURVIVORS  
EMERGENCY TREATMENT CODE

## SECTION

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AUTHORITY: Implementing and authorized by the Sexual Assault Survivors Emergency Treatment Act (Ill. Rev. Stat. 1987, ch. 111 1/2, pars 87.1 et seq.)

SOURCE: Filed December 30, 1977; rules repealed new rules adopted at 5 Ill. Reg. 1139, effective January 23, 1981; codified at 8 Ill. Reg. 16334; amended at 11 Ill. Reg. 1589, effective February 1, 1987, amended at 12 Ill. Reg. 20790, effective December 1, 1988.

NOTE: Capitalization denotes statutory language.



### Section 545.10 Applicability

The Rules promulgated by the Department of Public Health establish minimum standards for treatment of alleged sexual assault survivors in hospital emergency rooms including those support services needed for transfer in order to provide adequate services for the people of each area or community.

(Source: Amended at 12 Ill. Reg. 20790, effective December 1, 1988)



## Section 545.20 Definitions

"ACT" SHALL MEAN THE SEXUAL ASSAULT SURVIVORS EMERGENCY TREATMENT ACT (Ill. Rev. Stat. 1987, ch. 111 1/2, pars. 87-1 et seq.

"Alleged Sexual Assault Survivor" shall mean A PERSON WHO APPLIES FOR HOSPITAL EMERGENCY SERVICES IN RELATION TO INJURIES OR TRAUMA RESULTING FROM AN ALLEGED ACT OF FORCED SEXUAL PENETRATION OR SEXUAL CONDUCT, AS DEFINED IN SECTION 12-12 OF THE CRIMINAL CODE (Ill. Rev. Stat. 1987, ch. 38, par. 12-12), INCLUDING ACTS PROHIBITED UNDER SECTIONS 12-13 THROUGH 12-16 OF THE CRIMINAL CODE OF 1961, AS AMENDED (Ill. Rev. Stat. 1987, ch. 38, pars. 12-13 to 12-16) (Sections 1a and 2 of the Act).

"Ambulance Provider" shall mean an ambulance service providing transportation to alleged sexual assault survivors.

"Caregiver" shall mean any person who is legally responsible for providing care to the patient or who renders support to the patient.

"COMMUNITY OR AREAWIDE SEXUAL ASSAULT TREATMENT PLAN" SHALL MEAN A PLAN DEVELOPED BY ONE OR MORE HOSPITALS OR OTHER HEALTH CARE FACILITIES IN THE COMMUNITY OR AREA TO BE SERVED WHICH PROVIDES FOR ADEQUATE HOSPITAL EMERGENCY SERVICES FOR ALLEGED SEXUAL ASSAULT SURVIVORS AND HAS BEEN APPROVED BY THE DEPARTMENT (Sections 3 and 4 of the Act).

"Department" shall mean the Illinois Department of Public Health.

"Evidence Collection Kit" shall mean a prepackaged set of materials and forms to be used for the collection of evidence relating to sexual assault. THE STANDARDIZED EVIDENCE COLLECTION KIT TO BE USED IN THE CITY OF CHICAGO SHALL BE THE CHICAGO VERSION OF THE VITULLO KIT. THE STANDARDIZED EVIDENCE COLLECTION KIT FOR ALL OTHER PARTS OF THE STATE SHALL BE THE ILLINOIS DEPARTMENT OF STATE POLICE EVIDENCE COLLECTION KIT ALSO KNOWN AS "I.D.S.P.E.C.K" (Section 6.4 of the Act).

"Hospital" shall mean a facility licensed as a hospital by the Department pursuant to the Hospital Licensing Act (Ill. Rev. Stat. 1987, ch. 111 1/2, pars. 142 et seq.) or which meets both the definition of a hospital and the licensure exemption provisions of the Hospital Licensing Act.

"Hospital Emergency Services" shall mean health care delivered to outpatients within or under the care and supervision of personnel working in a designated emergency department or emergency room of a hospital.



"Licensed General Hospital" shall mean a facility licensed as a hospital by the Department pursuant to the Hospital Licensing Act, which provides general medical and surgical hospital services.

"Patient" shall mean an alleged sexual assault survivor.

"Sexual Assault Transfer Plan" shall mean a written plan, developed by a hospital and approved by the Department, which describes the hospital's procedures for transferring alleged sexual assault survivors to another hospital in order to receive emergency treatment.

"Sexual Assault Treatment Plan" shall mean a written plan, developed by a hospital and approved by the Department, which describes the hospital's procedures and protocols for rendering hospital emergency treatment to alleged sexual assault survivors who present themselves for such services either directly or through transfer from another hospital.

"Transfer Facility" shall mean a hospital which provides only transfer services to alleged sexual assault survivors, pursuant to an approved Sexual Assault Transfer Plan or Community or Areawide Sexual Assault Treatment Plan.

"Treatment Facility" shall mean a hospital which renders emergency treatment to alleged sexual assault survivors, pursuant to an approved Sexual Assault Treatment Plan or Community or Areawide Sexual Assault Treatment Plan.

"Unauthorized Personnel" shall mean all individuals whose presence in the examination room is not desired or required to be present either by the hospital and/or by the patient such as media, etc.

(Source: Amended at 12 Ill. Reg. 20790, effective December 1, 1988)



## Section 545.25 Incorporated Materials

The following materials are incorporated or referenced in this Part:

a) State of Illinois Statutes:

- 1) Sexual Assault Survivors Emergency Treatment Act, (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 87-1. (See Sections 545.40, 545.50, 545.100 of this Part).
- 2) Hospital Licensing Act, (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 142 et seq.) (See Section 545.20 of this Part, definitions of "Hospital Emergency Services", "Hospital", "Licensed General Hospital").
- 3) The Criminal Code of 1961, (Ill. Rev. Stat. 1987, ch. 38, par. 1-1 et seq.) (See Section 545.20 of this Part, definition of "Alleged Sexual Assault Survivor").
- 4) Crime Victims Compensation Act, (Ill. Rev. Stat. 1987, ch. 70, par. 71 et seq.) (See Sections 545.30(c), 545.60(d)(6)(D) of this Part).
- 5) AN ACT in Relation to Criminal Identification and Investigation, (Ill. Rev. Stat. 1987, ch. 38, par. 206-3.2.) (See Section 545.30(d) and Appendix A, Part C(5) of this Part).
- 6) Section 115-7, Code of Criminal Procedure of 1963, (Ill. Rev. Stat. 1987, ch. 38, par. 115-7.) (See Section 545.60(d)(6)(D) of this Part).
- 7) Illinois Public Aid Code, (Ill. Rev. Stat. 1987, ch. 23, par. 1-1 et seq.) (See Section 545.100, Appendix A, Part C(2) and Appendix B, Part C(3) of this Part).
- 8) Illinois Insurance Code, (Ill. Rev. Stat. 1987, ch. 73, par. 613 et seq.) (See Section 545.100, Appendix A, Part C(2) and Appendix B, Part C(3) of this Part).

b) Other Materials

- 1) "After Sexual Assault" written and published by the ILLINOIS COALITION AGAINST SEXUAL ASSAULT and the Illinois Department of Public Health. (See Section 545.60(d)(6)(D) of this Part).
- 2) "Crime Victims . . . Financial Aid in Illinois" pamphlet published by the Office of the Illinois Attorney General. (See



Sections 545.30(c) and 545.60(d)(6)(D) of this Part).

(Source: Amended at 12 Ill. Reg. 20790, effective December 1, 1988)



## Section 545.30 Application of Rules

- a) All licensed general hospitals in Illinois shall provide hospital emergency services to alleged sexual assault survivors as defined in this Part, in accordance with a Department-approved sexual assault treatment plan, sexual assault transfer plan, or community or areawide sexual assault treatment plan.
- b) All hospitals and ambulance providers which furnish emergency services to alleged sexual assault survivors shall be eligible for reimbursement of billed charges in accordance with the provisions of Section 545.100 of this Part.
- c) All hospitals which provide emergency medical services shall comply with the Crime Victims Compensation Act, (Ill.Rev. Stat. 1987, ch. 70, par. 71, et seq.) and any local ordinances, municipal codes, rules or regulations which may apply to the health of sexual assault survivors.
- d) All hospitals shall comply with the reporting procedures for sexual assault survivors as required by Section 3.2 of "AN ACT in relation to criminal identification and investigation" (Ill. Rev. Stat. 1987, ch. 38, par. 206-3.2) which reads as follows:
  - 1) IT IS THE DUTY OF ANY PERSON CONDUCTING OR OPERATING A MEDICAL FACILITY, OR ANY PHYSICIAN OR NURSE AS SOON AS TREATMENT PERMITS TO NOTIFY THE LOCAL LAW ENFORCEMENT AGENCY OF THAT JURISDICTION, UPON THE APPLICATION FOR TREATMENT OF A PERSON WHO IS NOT ACCOMPANIED BY A LAW ENFORCEMENT OFFICER, WHEN IT REASONABLY APPEARS THAT THE PERSON REQUESTING TREATMENT HAS RECEIVED:
    - A) ANY INJURY RESULTING FROM A DISCHARGE OF A FIREARM.
    - B) ANY INJURY SUSTAINED IN THE COMMISSION OF OR AS A VICTIM OF A CRIMINAL OFFENSE.
  - 2) ANY HOSPITAL PHYSICIAN OR NURSE SHALL BE FOREVER HELD HARMLESS FROM ANY CIVIL LIABILITY FOR THEIR REASONABLE COMPLIANCE WITH THE PROVISIONS OF THIS SECTION. REPORTING COMPLIANCE SHALL BE INTERPRETED TO MEAN ONLY THAT INFORMATION WHICH DESCRIBES THE ALLEGED CRIMINAL OFFENSE, I.E., SITE, DESCRIPTION OF ASSAILANT, IDENTIFICATION, ETC. MEDICAL INFORMATION AND EVIDENCE COLLECTION SHALL NOT BE RELEASED WITHOUT THE CONSENT OF THE VICTIM.

(Source: Amended at 12 Ill. Reg. 20790, effective December 1, 1988)



## Section 545.40 Program Administration

- a) All initial plans and amendments to existing plans for hospital emergency care of alleged sexual assault patients shall be submitted for approval WITHIN 60 DAYS OF RECEIPT OF THE DEPARTMENT'S REQUEST FOR THIS PLAN (Section 2 of the Act).
- b) THE DEPARTMENT SHALL PERIODICALLY CONDUCT ON SITE REVIEWS OF SUCH APPROVED PLANS WITH HOSPITAL PERSONNEL TO INSURE THAT THE ESTABLISHED PROCEDURES ARE BEING FOLLOWED (Section 2 of the Act).
- c) IF THE DEPARTMENT SURVEYOR DETERMINES THAT THE HOSPITAL IS NOT IN COMPLIANCE WITH ITS APPROVED PLAN, THE SURVEYOR SHALL PROVIDE THE HOSPITAL WITH A WRITTEN LIST OF THE SPECIFIC ITEMS OF NONCOMPLIANCE WITHIN 2 WEEKS OF THE CONCLUSION OF THE ON SITE REVIEW. THE HOSPITAL SHALL HAVE 14 WORKING DAYS TO SUBMIT TO THE DEPARTMENT A PLAN OF CORRECTION WHICH CONTAINS THE HOSPITAL'S SPECIFIC PROPOSALS FOR CORRECTING THE ITEMS OF NONCOMPLIANCE. THE DEPARTMENT SHALL REVIEW THE PLAN OF CORRECTION AND NOTIFY THE HOSPITAL IN WRITING AS TO WHETHER THE PLAN IS ACCEPTABLE OR NONACCEPTABLE (Section 2.1 of the Act). Specific proposals for correcting the items must include the following information in order to be acceptable:
  - 1) A timeframe for implementing corrections;
  - 2) A description of the activity that will be undertaken to correct the items of noncompliance;
  - 3) Identification of the person or persons responsible for implementing the corrections, and
  - 4) A clear description of how the standards set forth in this Part will be met.
- d) IF THE DEPARTMENT FINDS THE PLAN OF CORRECTION NONACCEPTABLE, THE HOSPITAL SHALL HAVE 7 WORKING DAYS TO RESUBMIT AN ACCEPTABLE PLAN OF CORRECTION. UPON NOTIFICATION THAT ITS PLAN OF CORRECTION IS ACCEPTABLE, A HOSPITAL SHALL IMPLEMENT THE PLAN OF CORRECTION WITHIN 60 DAYS. (Section 2.1 of the Act).
- e) THE FAILURE TO SUBMIT AN ACCEPTABLE PLAN OF CORRECTION OR TO IMPLEMENT THE PLAN OF CORRECTION, WITHIN THE TIME FRAMES REQUIRED IN THIS SECTION, WILL SUBJECT A HOSPITAL TO THE IMPOSITION OF A FINE BY THE DEPARTMENT. THE DEPARTMENT shall IMPOSE A FINE OF \$100.00 PER DAY UNTIL A HOSPITAL COMPLIES WITH THE REQUIREMENTS OF THIS SECTION. (Section 2.1 of the Act).
- f) BEFORE IMPOSING A FINE PURSUANT TO THIS SECTION, THE DEPARTMENT SHALL PROVIDE THE HOSPITAL VIA CERTIFIED MAIL WITH WRITTEN NOTICE AND AN OPPORTUNITY FOR AN ADMINISTRATIVE HEARING. SUCH HEARING MUST BE REQUESTED WITHIN 10 WORKING DAYS OF RECEIPT OF THE DEPARTMENT'S NOTICE. ALL HEARINGS SHALL BE CONDUCTED IN ACCORDANCE WITH THE



DEPARTMENT'S RULES IN ADMINISTRATIVE HEARINGS. (77 Ill. Adm. Code 100) (Section 2.1 of the Act).

- g) The Department shall strictly maintain the confidentiality of all patient identities and medical information provided during a site survey or otherwise received by the Department pursuant to this Part.

(Source: Amended at 12 Ill. Reg. 20790, effective December 1, 1988)



## Section 545.50 Development of Plans

- a) A HOSPITAL IS AUTHORIZED TO PARTICIPATE, IN CONJUNCTION WITH ONE OR MORE OTHER HOSPITALS OR HEALTH CARE FACILITIES, IN A COMMUNITY OR AREAWIDE PLAN FOR THE FURNISHING OF HOSPITAL EMERGENCY SERVICES TO ALLEGED SEXUAL ASSAULT SURVIVORS ON A COMMUNITY OR AREAWIDE BASIS PROVIDED EACH HOSPITAL PARTICIPATING IN SUCH A PLAN SHALL FURNISH SUCH HOSPITAL EMERGENCY SERVICES AS IT IS DESIGNATED TO PROVIDE IN THE PLAN AGREED UPON BY THE PARTICIPATING HOSPITALS TO ANY ALLEGED SEXUAL ASSAULT SURVIVOR WHO APPLIES FOR SUCH HOSPITAL EMERGENCY SERVICES IN RELATION TO INJURIES OR TRAUMA RESULTING FROM THE SEXUAL ASSAULT. (Section 3 of the Act).
- b) ALL SUCH PLANS SHALL BE SUBMITTED TO THE DEPARTMENT FOR APPROVAL PRIOR TO SUCH PLAN BECOMING EFFECTIVE. THE DEPARTMENT SHALL APPROVE SUCH PLAN IF IT FINDS THAT THE IMPLEMENTATION OF THE PROPOSED PLAN WOULD PROVIDE AN ADEQUATE HOSPITAL EMERGENCY SERVICE FOR THE PEOPLE OF THE COMMUNITY OR AREA TO BE SERVED (Section 4 of the Act).
- c) A community or areawide plan shall be considered adequate if it includes a narrative description of the role of each participating hospital or health care facility, as well as individual treatment or transfer plans for each hospital which contain the information required by Sections 545.80 and 545.90 of this Part.
- d) All licensed general hospitals which do not participate in a Department-approved community or areawide plan shall develop, and submit to the Department for approval, a Sexual Assault Treatment Plan or a Sexual Assault Transfer Plan (See, Sections 545.80, 545.90 of this Part).

(Source: Amended at 12 Ill. Reg. 20790, effective December 1, 1988)



Section 545.60 Minimum Standards for the Treatment of Alleged Sexual Assault Survivors

- a) An appropriate medical examination shall be performed and shall include but not be limited to the following:
  - 1) General physical examination,
  - 2) Serological test for syphilis,
  - 3) Appropriate stains and cultures for sexually transmitted diseases including but not limited to culture for gonorrhea, wet mount test for trichomoniasis, and test for chlamydia when available. Cultures for gonorrhea and chlamydia shall be collected from vagina, cervix, penile urethra, anus and/or oropharynx as dictated by the nature of the alleged assault,
  - 4) Urine Analysis (for purposes of identifying sperm, trichomoniasis or fungus),
  - 5) Pregnancy test for all females of childbearing age.
- b) An appropriate medical record shall be developed and shall include, but not be limited to the following information:
  - 1) The medical record shall show if the patient changed clothes, bathed or douched, defecated, urinated, ate, smoked, or performed oral hygiene between the time of the alleged assault and the time of the examination.
  - 2) The medical record shall indicate presence of all trauma, major or minor, which may be used in a criminal proceeding (i.e., cuts, scratches, bruises, red marks, any minor signs of trauma). Photographs of incidence of trauma may be taken for evidentiary purposes with the written consent of the patient or the patient's parent or guardian if the patient is a minor. In the event the patient is a minor and the parent or guardian is not immediately available, photographs may be taken but shall be released to law enforcement personnel and State's Attorney staff only with written consent of parent or guardian. If consent is refused, all photographs and negatives shall be given to the parent or guardian without charge.
  - 3) The medical record shall not reflect any conclusions regarding whether a crime (e.g. criminal sexual assault, criminal sexual abuse) occurred. Merely record alleged sexual assault, or "patient states..."



- 4) Medical history shall include brief, general information concerning possible injury, drug allergies, and for female patients a detailed gynecological history must be obtained including: Menstrual history (LMP, PMP), whether the patient knows or believes that she is pregnant, history of prior gynecological surgery such as hysterectomy or tubal ligation, history of contraceptive use, history of cancer and any prior genital injury or trauma.
  - 5) The medical record shall indicate the presence of any and all persons during the examination process.
  - 6) The medical record shall document the compliance with each procedure required by Section 545.60(d) of this Part.
  - 7) The medical record shall indicate whether a report was filed with the Department of Children and Family Services.
  - 8) The medical record shall include a completed emergency room admission form.
  - 9) All medical records for alleged sexual assault survivors shall be maintained through a filing system which allows for immediate accessibility during Department surveys.
- c) The appropriate Evidence Collection Kit shall be used, in the manner prescribed by the Instruction Sheet and Notes to the Physician contained in the kit. Release of evidence and information concerning the alleged sexual assault requires the signature of the parent or legal guardian in the case of a minor.
- d) Appropriate minimum standards to insure the welfare and privacy of the patient shall be followed and shall include but not be limited to the following procedures:
- 1) A member of the health care team shall respond within minutes to move the patient to a closed environment to insure privacy.
  - 2) The patient shall receive oral and written information concerning the possibility of infection and sexually transmitted disease together with a description of the more common symptoms, signs and complications of these diseases. The patient shall also receive oral and written information on the need for a second blood test six weeks later to determine the presence or absence of sexually transmitted disease.
  - 3) The patient shall receive oral and written information concerning pregnancy resulting from the assault as determined by physical findings and fertility status, available types of



prevention of unwanted pregnancy and side effects, significant contraindications, complications and limitations of the method employed.

- 4) The patient shall receive oral and written information concerning accepted medical procedures, medication and significant contraindications of such medications.
- 5) If, for any reason, the patient is incapable of receiving such oral and written information, said information shall be given to the caregiver/guardian.
- 6) The patient shall receive appropriate counseling which provides:
  - A) Emotional support,
  - B) Confidentiality,
  - C) Explanations of treatment and related questioning to insure that the patient understands such procedures are necessary for his/her health, safety and welfare,
  - D) Distribution of the Department's brochure "After Sexual Assault" and the Illinois Attorney General's pamphlet "Crime Victims...Financial Aid in Illinois" (See, Section 545.25(b) of this Part), and
  - E) Referrals which may include counseling centers, consultation with social and law enforcement agencies and volunteer services.
- 7) All unauthorized personnel including law enforcement personnel must remain outside the examination room during the medical examination. For the alleged sexual assault survivor who is, at the time of the examination and treatment, in custody or under arrest, if the staff is in jeopardy due to violent behavior of the client or if there is evidence the client would attempt to flee, local law enforcement officers should be posted outside the emergency treatment room door to facilitate prompt response if beckoned by the Emergency Room staff.

(Source: Amended at 12 Ill. Reg. 20790, effective December 1, 1988)



Section 545.65 Minimum Standards for the Transfer of Alleged Sexual Assault Survivors

- a) Appropriate emergency services shall be provided if the alleged sexual assault survivor requires initial resuscitation or other emergency care, including but not limited to maintenance of a patent airway, adequate respiration, control of hemorrhage, maintenance of adequate circulation, spinal stabilization, splinting of fractures, and establishment of an intravenous route, if indicated, so that the survivor can be safely transported to another hospital. Emergency services shall be rendered only for those injuries that the physician deems medically unsafe to postpone until transfer to another facility. Law enforcement personnel, regardless of gender, shall not be present during any physical examination conducted pursuant to this Section.
- b) A member of the health care team shall respond within minutes to insure privacy, shall refer to such patients by code to avoid embarrassment (e.g., Code A), and shall offer a private room should a short wait be unavoidable.
- c) The alleged sexual assault survivor shall be given a tactful and humane explanation concerning the reason for the referral to another hospital for treatment.
- d) The emergency room personnel shall notify the receiving hospital of the referral of the alleged sexual assault survivor.
- e) An emergency room treatment record shall be completed and a copy transported with the patient to the receiving treatment facility. This record shall include:
  - 1) A completed emergency room admission form,
  - 2) Physicians' findings, if any,
  - 3) Nurses' notes,
  - 4) The name and relationship to the patient, if known, of any person present during an examination conducted pursuant to this Section, and
  - 5) If any examination was conducted or treatment rendered pursuant to subsection (a) of this Section, the record shall indicate the presence of any trauma or injury (e.g., cuts, scratches, bruises, red marks, broken bones, etc).
  - 6) The record shall not reflect any conclusions regarding whether a crime (e.g. criminal sexual assault, criminal sexual abuse)



occurred. Merely record "alleged sexual assault", or "patient states..."

- f) The hospital shall maintain a chain of evidence in the handling of the alleged sexual assault survivor and his or her clothing.
  - 1) The hospital shall handle the patient and clothing as minimally as possible.
  - 2) The hospital shall not attempt to obtain any specimens for evidentiary purposes (e.g., blood, saliva, hair samples, etc.)
  - 3) If it is necessary to remove any clothing in order to render emergency services as described in Section 545.65(a) of this Part, removal should be attempted without cutting, tearing or shaking the garments.
  - 4) All loose or removed articles of clothing or other possessions of the patient shall be left to dry if possible, placed in separate paper bags, and then placed in one larger paper bag. The bag shall be sealed and labeled with the patient's name, the names of the health care personnel in attendance, the contents, the date, and the time collected. The bag shall be transported with the patient to the receiving treatment facility.
- g) If the alleged sexual assault survivor was brought to the transfer facility by the police, a friend, or family member, and has no life-threatening conditions, the survivor may be transported by the police or by the friend or family member to a treatment facility, with the consent of the survivor. All other transfers shall be by ambulance.
- h) A transfer facility shall transport or refer an alleged sexual assault survivor only to a treatment facility designated in its approved transfer plan.
- i) The hospital shall offer to call a friend, family member or survivor advocate to accompany the survivor for emotional support.

(Source: Added at 12 Ill. Reg. 20790, effective December 1, 1988)



Section 545.70 Requirements of Sexual Assault Transfer Plan (Repealed)

(Source: Repealed at 12 Ill. Reg. 20790, effective December 1, 1988)



Section 545.80 Approval of a Sexual Assault Treatment Plan

In order to be approved by the Department, a Sexual Assault Treatment Plan shall be completed using the form provided in Appendix A of this Part.

(Source: Amended at 12 Ill. Reg. 20790, effective December 1, 1988)



Section 545.90 Approval of a Sexual Assault Transfer Plan

In order to be approved by the Department, a Sexual Assault Transfer Plan shall be completed using the form provided in Appendix B of this Part.

(Source: Amended at 12 Ill. Reg. 20790, effective December 1, 1988)



## Section 545.100 Reimbursement

WHEN ANY HOSPITAL OR AMBULANCE PROVIDER FURNISHES EMERGENCY SERVICES TO ANY ALLEGED SEXUAL ASSAULT SURVIVOR WHO IS NEITHER ELIGIBLE TO RECEIVE SUCH SERVICES UNDER THE ILLINOIS PUBLIC AID CODE (Ill. Rev. Stat. 1987, ch. 23, pars 1-1 et seq., as amended) NOR COVERED AS TO SUCH SERVICES BY A POLICY OF INSURANCE, as defined in the Illinois Insurance Code (Ill. Rev. Stat. 1987, ch. 73, pars. 613 et seq., as amended), THE HOSPITAL AND AMBULANCE PROVIDER SHALL FURNISH SUCH SERVICES TO THAT PERSON WITHOUT CHARGE, AND SHALL BE ENTITLED TO BE REIMBURSED BY THE DEPARTMENT FOR ITS BILLED CHARGES IN PROVIDING SUCH SERVICES, under the following conditions (Sections 6.3 and 7 of the Act):

- a) A hospital, regardless of whether it is licensed by the Department, shall be eligible for reimbursements only after receiving Department approval for its Sexual Assault Treatment or Transfer Plan (See, Section 545.80 and 545.90), or its participation in an approved Community or Areawide Sexual Assault Treatment Plan (See, Section 545.50).
- b) Charges for outpatient emergency care and ambulance transportation shall be reimbursed only through the hospital outpatient billing department.
  - 1) Patients, physicians and ambulance providers shall not be directly reimbursed by the Department.
  - 2) Charges for inpatient care shall not be reimbursed.
  - 3) Charges must be directly related to emergency care rendered for injuries or trauma resulting from an alleged sexual assault and/or completion of the Evidence Collection Kit.
  - 4) Such services shall have been provided within the hospital emergency department (room), under the direction of an attending physician at the facility who supervised or provided the hospital emergency care of the patient, or during the ambulance transport of the patient.
  - 5) Charges may include, but not be limited to, physician, laboratory, x-ray, pharmacy and ambulance services, including laboratory charges for the six week follow-up blood test.
  - 6) The billed charges for services to alleged sexual assault survivors shall be no greater than the hospital's or ambulance provider's customary charges to the general public for those types of services. Physician fees shall be no greater than those considered usual and customary in the community. All



billed charges shall be reconciled with the hospital's annual cost statements.

- c) The hospital shall maintain sufficient records to document its charges for services to each patient. Such records shall be available for Department review upon its request and shall contain at least the following:
  - 1) Patient name, address, date of birth, social security number, marital status, sex, employer, name of parent or guardian (if minor patient),
  - 2) Date of Service,
  - 3) Hospital patient number, name of attending physician,
  - 4) List of services provided,
  - 5) Charges for each service,
  - 6) Any documentation concerning the patient's lack of insurance coverage, and
  - 7) An annual cost statement covering each service provided or available to alleged sexual assault survivors.
- d) The hospital outpatient billing shall submit the following documentation in order to be considered for reimbursement:
  - 1) The Illinois Department of Public Health Sexual Assault Survivor Program Outpatient Hospital Billing Form to be completed for each patient,
  - 2) A State of Illinois Invoice Voucher, (Form C-13-7 Part (Rev. 3-83)), which may include the required information on multiple patients if more than one reimbursement is being sought through a single request. The voucher shall be completed as follows:
    - A) Item 2: Federal identification number,
    - B) Item 3: Hospital name, address,
    - C) Item 10: Number of alleged sexual assault survivors for whom services were rendered, hospital patient number for each patient, date of alleged sexual assault for each patient (if known),
    - D) Item 14: Total amount of charges for each patient, and



- E) Item 17: Total amount of reimbursement being sought.
- 3) A legible copy of the emergency room admission form.
- e) Under no circumstances shall an alleged sexual assault survivor be billed for outpatient hospital or ambulance emergency care or transportation.
- f) A request for reimbursement which has been rejected by the Department shall be returned via certified mail accompanied by an explanation which specifies the basis for rejection. Corrected or amended requests may be resubmitted to the Department.

(Source: Section repealed, new Section adopted at 12 Ill. Reg. 20790, effective December 1, 1988)



## Appendix A Sexual Assault Treatment Plan Form

## Sexual Assault Treatment Plan

Instructions: This form describes the minimum components of a Sexual Assault Treatment Plan. References to the "Regulations" mean the Illinois Department of Public Health Rules and Regulations for the Sexual Assault Survivors Emergency Treatment Code (77 Ill. Adm. Code 545). All responses shall be written as clearly and succinctly as possible. If additional sheets are necessary, attach those sheets to the page on which the information is originally requested. A completed copy of the Plan shall be retained by the Hospital. The completed Plan shall be sent to:

Illinois Department of Public Health  
Division of Emergency Medical Services  
and Highway Safety  
525 West Jefferson Street, 3rd Floor  
Springfield, Illinois 62761

## PART A

Name of Treatment Hospital: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Person for Program: \_\_\_\_\_  
(Name) (Job Title)\_\_\_\_\_  
(Telephone Number)Contact Person for Billing: \_\_\_\_\_  
(Name) (Job Title)\_\_\_\_\_  
(Telephone Number)

Estimated number of patients served in coming FY: \_\_\_\_\_

Estimated costs of patients served in coming FY: \_\_\_\_\_

Community or Areawide Plan: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, names of participating transfer facilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



If yes, names of participating transfer facilities (continued):

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## PART B

1. Describe the geographic area to be covered by the treatment facility, procedures which will be adopted that are compatible with the needs of alleged sexual assault survivors, type of staff available, and steps which will be taken for public education at least annually to insure that such a program is understood by other medical facilities, police, State's Attorneys, local sexual assault crisis centers, social service agencies, and citizens groups. If the treatment facility is part of a community or areawide plan, the hospital shall formalize the arrangements by contracts, letters of agreement or standard operating procedures. (See Section 545.60 of the Regulations and attach any agreements to the plan).
2. Describe the reimbursement mechanism utilized for physicians, ambulance services, etc. (See Section 545.100 of the Regulations).
3. Describe any local ordinances, municipal codes, rules or regulations which apply to the health care or reporting procedures for alleged sexual assault survivors in the hospital's area.
4. State whether the Evidence Collection Kit Medical Report Form for Sexual Assault Cases is used as a permanent medical record and approved by your Records Review Committee. If it is used only as a worksheet, insure that the permanent medical record sheet contains all information described on the Medical Report Form and attach a copy. (See Section 545.60(b) of the Regulations).
5. Attach copies of appropriate forms distributed to survivors which describe:
  - a) Risk of sexually transmitted diseases and infections.
  - b) Types of medication for sexually transmitted diseases and side effects.
  - c) Medical procedures, medication given, and possible contraindications of such medication.
  - d) Necessity of six weeks follow-up test to prevent syphilis.
  - e) Information which describes fertility status, available types of prevention of unwanted pregnancy and side effects, contraindications, complications, etc. If hospital does not provide such counseling because of religious preferences, this requirement may be met by listing various sexual assault counseling centers available in the area.



The Evidence Collection Kit Patient Information Sheet shall be used as a component of written information distribution. (See Section 545.60(d)(2),(3),(4) of the Regulations).

6. Describe evidence collection procedures to be taken. Evidence Collection Instruction Sheet and Notes to Examining Physician sheet may be used and attached. If this is not used, the description must contain all information described on the Instruction Sheet, to insure standardized collection for analysis at the State Crime Lab(s).
7. Describe counseling available for sexual assault survivors. Counseling services shall comply with Section 545.60(d)(1),(6) of the Regulations.

#### PART C

Review and sign the conditions of approval:

#### CONDITIONS OF APPROVAL

The following conditions of approval shall apply to all Sexual Assault Emergency Treatment Programs. These conditions are enumerated below to insure that all treatment facilities are informed and aware of their responsibilities in accordance with the Rules and Regulations (77 Ill. Adm. Code 545) and the Sexual Assault Survivors Emergency Treatment Act (Ill. Rev. Stat. 1987, ch. 111 1/2, pars. 87-1 et seq.

1. The Hospital shall provide hospital emergency services to alleged sexual assault survivors, with the consent of the sexual assault survivor and as ordered by the attending physician, in accordance with the minimum standards of the Sexual Assault Survivors Emergency Treatment Act and with the Rules and Regulations prescribed by the Department (See, Section 545.60 of the Regulations).
2. The Hospital shall provide such services at no direct charge to the patient. If the patient is neither eligible to receive such services under the Illinois Public Aid Code nor is covered by a policy of insurance, the Hospital shall seek reimbursement only from the Department.
3. The Hospital shall submit billings to the Department on properly authenticated vouchers supplied by the Department for all eligible patients for whom hospital emergency services were provided pursuant to its approved Treatment Plan.
4. The Hospital shall maintain all patient records, accounting records, or other evidence pertaining to the cost incurred and make such materials available for three (3) years or until completion of any outstanding audit.



5. The Hospital shall comply with the reporting procedures for sexual assault survivors as required by Section 3.2 of "AN ACT in relation to criminal identification and investigation" (Ill. Rev. Stat. 1987, ch. 38, par. 206-3.2) which reads as follows:

IT IS THE DUTY OF ANY PERSON CONDUCTING OR OPERATING A MEDICAL FACILITY, OR ANY PHYSICIAN OR NURSE AS SOON AS TREATMENT PERMITS TO NOTIFY THE LOCAL LAW ENFORCEMENT AGENCY OF THAT JURISDICTION, UPON THE APPLICATION FOR TREATMENT OF A PERSON WHO IS NOT ACCOMPANIED BY A LAW ENFORCEMENT OFFICER, WHEN IT REASONABLY APPEARS THAT THE PERSON REQUESTING TREATMENT HAS RECEIVED:

- (1) ANY INJURY RESULTING FROM A DISCHARGE OF A FIREARM.
- (2) ANY INJURY SUSTAINED IN THE COMMISSION OF OR AS A VICTIM OF A CRIMINAL OFFENSE.

ANY HOSPITAL PHYSICIAN OR NURSE SHALL BE FOREVER HELD HARMLESS FROM ANY CIVIL LIABILITY FOR THEIR REASONABLE COMPLIANCE WITH THE PROVISION OF THIS SECTION. REPORTING COMPLIANCE SHALL BE INTERPRETED TO MEAN ONLY THAT INFORMATION WHICH DESCRIBES THE ALLEGED CRIMINAL OFFENSE, I.E., SITE, DESCRIPTION OF ASSAILANT, IDENTIFICATION, ETC. MEDICAL INFORMATION AND EVIDENCE COLLECTION SHALL NOT BE RELEASED WITHOUT THE CONSENT OF THE VICTIM.

6. The Hospital shall post information in the emergency room concerning crime victim compensation to comply with the Crime Victim Compensation Act (Ill. Rev. Stat. 1987, ch. 70, pars. 71 et seq.).

FOR THE HOSPITAL:

\_\_\_\_\_  
Administrator

\_\_\_\_\_  
(Source: Amended at 12 Ill. Reg. 20790, effective December 1, 1988)



## Appendix B Sexual Assault Transfer Plan Form

## Sexual Assault Transfer Plan

Instructions: This form describes the components of a Sexual Assault Transfer Plan. References to the "Regulations" mean the Illinois Department of Public Health Rules and Regulations for the Treatment of Sexual Assault Survivors (77 Ill. Adm. Code 545). All responses shall be written as clearly and succinctly as possible. If additional sheets are necessary, attach those sheets to the page on which the information is originally requested. A completed copy of the Plan shall be retained by the Hospital. The completed Plan shall be sent to:

Illinois Department of Public Health  
Division of Emergency Medical Services  
and Highway Safety  
525 West Jefferson Street, 3rd Floor  
Springfield, Illinois 62761

## PART A

Name of Transfer Hospital: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Person for Program: \_\_\_\_\_

(Name)

(Job Title)

\_\_\_\_\_  
(Telephone Number)

Contact Person for Billing: \_\_\_\_\_

(Name)

(Job Title)

\_\_\_\_\_  
(Telephone Number)

Estimated number of patients transferred in coming FY: \_\_\_\_\_

Estimated costs of patients transferred in coming FY: \_\_\_\_\_

Name of affiliated Treatment Facility: \_\_\_\_\_

Distance of Transfer Hospital from affiliated Treatment  
Facility: \_\_\_\_\_Estimate of maximum distance patient may have to travel to receive treatment:  
\_\_\_\_\_



Name, telephone number and address of ambulance provider(s): \_\_\_\_\_

#### PART B

1. Describe the geographic area to be covered by the transfer facility, procedures which will be adopted that are compatible with the needs of alleged sexual assault survivors, type of staff available, and steps which will be taken for public education at least annually to insure that such a program is understood by other medical facilities, police, State's Attorneys, local sexual assault crisis centers, social services agencies, and citizens groups. The hospital shall formalize transfer arrangements with one or more treatment facilities by contracts, letters of agreement or standard operating procedures. (See Section 545.65 of the Regulations and attach any jointly-signed agreements to the plan.)
2. Describe the hospital's reasons for electing to provide services to alleged sexual assault survivors as a transfer facility rather than a treatment facility.

Factors which should be discussed include accessibility to the community, existing hospital facilities and services, availability and location of nearby treatment facilities, and any other relevant community health planning considerations.

3. Describe the reimbursement mechanism utilized for physicians, ambulance services, etc. (See Section 545.100 of the Regulations).
4. Describe any local ordinances, municipal codes, rules or regulations which apply to the health care or reporting procedures for alleged sexual assault survivors in the hospital's area.
5. Describe the procedures which will be taken to insure privacy and support for the survivor. Services shall be in accordance with Section 545.65(b), (c), (g) and (i) of the Regulations.
6. Attach a copy of the emergency room treatment record which shall be used as required by Section 545.65(e) of the Regulations.

#### PART C

Review and sign the conditions of Approval:

#### CONDITIONS OF APPROVAL

The following conditions of approval shall apply to all Sexual Assault Emergency Transfer Programs. These conditions are enumerated below to insure that all transfer facilities are informed and aware of their responsibilities



in accordance with the Rules and Regulations (77 Ill. Adm. Code 545) and the Sexual Assault Survivors Emergency Treatment Act (Ill. Rev. Stat. 1987, ch. 111 1/2, pars. 87-1 et seq., as amended by Public Act 85-577, effective September 18, 1987).

1. The Hospital shall provide emergency services if the alleged sexual assault survivor requires initial resuscitation or other emergency care so that the survivor can be safely transported to another hospital. Only those injuries should be treated that the physician deems medically unsafe to postpone until transfer to another facility. (See Section 545.65(a) of the Regulations).
2. The Hospital shall provide pre-transfer and transfer services to alleged sexual assault survivors in accordance with Section 545.65 of the Rules and Regulations.
3. The Hospital shall provide such services at no direct charge to the patient. If the patient is neither eligible to receive such services under the Illinois Public Aid Code nor is covered by a policy of insurance, the Hospital shall seek reimbursement only from the Department.
4. The Hospital shall submit billings to the Department on properly authenticated vouchers supplied by the Department for all eligible patients for whom hospital emergency services were provided pursuant to its Transfer Plan.
5. The Hospital shall maintain all patient records, accounting records, or other evidence pertaining to the cost incurred and make such materials available for three (3) years or until completion of any outstanding audit.

FOR THE HOSPITAL:

\_\_\_\_\_  
Administrator

(Source: Amended at 12 Ill. Reg. 20790, effective December 1, 1988)









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